

## **Appendix C - Manual for Transportation**

### **Mileage (Family Member)**

Transportation Authorizations are initiated through the System Point of Entry (SPOE) based on receipt of a source document. These sources include:

- A) An Individualized Family Service Plan (IFSP) including the Transportation Authorization Form
- B) An IFSP Review Documentation Worksheet accompanied by a revised IFSP and the Transportation Authorization Form

Upon receipt of a source document the SPOE promptly enters the information into the electronic system that captures sufficient information to generate authorizations for services. Daily, or when information warrants, the SPOE connects electronically to the Central Finance Office and transfers information that triggers the CFO to print and mail an authorization to an enrolled service provider.

Transportation authorizations are a reflection of the services identified on an IFSP. You should have a copy of the IFSP as services begin for your child and family. Transportation authorizations will follow and should match what is specified on the IFSP including the dates of service, frequency, intensity, location and duration. Authorization start dates will be consistent with the start date identified on the IFSP even if mailed or processed after services have started.

Transportation authorizations that are inconsistent with the IFSP should be discussed with the service coordinator immediately. The child's service coordinator is identified on the IFSP and on the authorization.

Also, note that confirming copies of cancellation and discontinuation notices that are mailed to you should be kept for reference. You will probably use the authorization forms for billing. Please keep the original authorization and use copies of it for billings. Always verify that the authorization used for billing has not been cancelled or discontinued due to a change.

### **Transportation Authorization/Billing Form**

The transportation authorization received by the family/provider must also be used as the billing form since most of the critical information to process a claim is preprinted on the form. This has proven to be a highly effective billing choice that results in minimal rejections. You can submit up to nine round trips on an individual claim form and may find it convenient to submit them monthly. If you make more than nine trips monthly, use two forms for the monthly submission.

**Bills must be received within 60 calendar days of the actual date the service was provided. Your timely billing to the Central Finance Office is essential to your reimbursement.**

The CFO is required to mail checks within 10 business days from receipt of the claim. The CFO reimburses transportation providers at the official State of Missouri mileage rate at the time of service delivery. Presently, that rate is \$.335 per mile effective July 1, 2002. The CFO is required to issue an annual 1099 Form reporting provider reimbursements to the Internal Revenue Service. It is the policy of the DESE that the 1099 is issued to family member transportation providers whether or not the amount is under the IRS minimum for reporting. This reimbursement is considered income and may result in tax consequences to the individual.

Sample claim forms and the Explanation of Provider Payment form are provided in Appendix D of the Billing Manual.

Note: you must use copies of the original authorization/billing form as your submitted claim form and keep the original copy. No replacement form will automatically be provided.

### Step-by-Step Billing Instructions for Transportation:

1. List your dates of service (the days you go to therapy) in the mm/dd/yy format (i.e., 04/02/03) in the first (left-hand) column titled "Date of Service".
2. List the places where you are going for therapy (i.e. St. Mary's) in the second column titled "Provider Visited." **Note:** You should enter round trips on each line not one way trips as the column title indicates. One way trip does not apply to family members billing for mileage reimbursement.
3. List the code for the procedure listed in the authorization section (8555) in the third column titled Procedure Code.
4. Enter the total number of miles from home to therapy and return in the fourth column (Mileage). You are entering the round trip mileage since you are billing for total mileage, not one way trips.
5. Enter "None" in the fifth column "Other Expenses" unless you have received prior authorization for another expense.
6. Enter the total round trip mileage charges in the last column titled "Total Charges". Calculate your total charge by multiplying the total round trip mileage *times the current State of Missouri mileage rate (# miles x .335 = reimbursed amount)*. If there is an "Other Expenses" amount that will need to be added to the round trip mileage reimbursement amount and the total placed in this column.
7. Patient account number is an optional field used by provider organizations. This is not applicable to family member transportation providers and should be left blank.
8. The third block at the bottom of the page titled "Total Charges" should reflect the sum of line items on the claim. When you are ready to submit the claim, total up all of the line item charges from the last column above and enter the amount in this block. If the two do not match the individual line items will take precedence.
9. The "Less Insurance" is not applicable to family member transportation providers and should be left blank.
10. Net charges should be the result of subtracting "Less Insurance" from "Total Charges" and in the case of Family Member transportation providers will be the same amount as "Total Charges".
11. Routinely you will mark the "No" block with an "X" beside the statement: "Is this the final claim for this authorization?" Only when submitting the last claim at the end of the authorization period will you mark the "Yes" block.
12. Routinely you will mark the "No" block with an "X" beside the statement: "Is this a resubmission of a claim?" Only when submitting a correction to a previously claim will you mark the "Yes" block.
13. The family member transportation provider's signature line must be complete. Please be sure to sign the claim before submitting.
14. The date the claim is filed must be after the latest date entered in the billing section of the claim or the date signed whichever is later.
15. Mail to:

CENTRAL FINANCE OFFICE  
C/O COVANSYS Software Services, Formerly known as PDA, Software Services  
PO Box 29134  
Shawnee Mission, KS 66201-9134  
866-711-2573 Option 1

## Claims Corrections

Corrections to previously submitted and paid claims should be marked as “correction” when resubmitted to the Central Finance Office (CFO.) Two examples of when corrections may be necessary are provided below:

1. **Not enough mileage billed on a round trip:** The provider bills and receives payment for 30 miles when the actual mileage for that round trip was 36 miles. The provider would submit an additional claim, marked as a “correction” on the face of the claim form for the incremental 6 miles. In addition, the provider would place an “X” in the “Yes” block indicating this is a resubmission of a claim.
2. **Too much service billed:** The provider bills and receives payment for 60 miles when actual mileage for that day was 30 miles. The provider submits an additional claim marked as a “correction” on the face of the claim form for the reduction of 30 miles. The reduction should be noted with a minus sign or in brackets for both the mileage and the charges. In addition, the provider would place an “X” in the “Yes” block indicating this is a resubmission of a claim.